



State of Illinois

Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767-0001

Third Party Administrator Renewal Application

Instructions: Print or type all information except that which requires a signature.

The **RENEWAL FEE** is \$200.00. Make checks payable to the Director of Insurance .

Federal Tax ID # or License #

Name of Administrator

Address (number and street)

Suite/Room #

City

State

Zip Code

Telephone #

Business E-mail Address

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

1. Has the person listed as responsible member for the actions of the Third Party Administrator license ever been convicted of a felony since the last application?
If "yes", attach certified copies of the indictment, conviction and sentencing order.

Yes ☐ No ☐

2. Have you been refused a license to act as a Third Party Administrator, agent, broker, producer or solicitor, or has a license to act as such ever been denied, suspended, revoked or surrendered for regulatory reasons in any state either as an individual or as a member of an entity?

Yes ☐ No ☐

❖❖❖ Declaration and Certification ❖❖❖

I, the undersigned, declare under penalties of revocation or refusal of license that the statements made in this application are true, correct and complete to the best of my knowledge and belief.

I certify that I have not committed any such acts which would constitute a statutory ground for refusal or revocation of the third party administrator license.

Print Name

Signature

Date

Print Name

Signature

Date

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